

MICHIGAN DEPARTMENT OF STATE

Uniform Commercial Code P.O. Box 30197 Lansing, Michigan 48909-7697 www.michigan.gov/sosucc

Filing Acknowledgement

July 06, 2018 09:51 AM

Work Order Number WO201807060000162

Initial Filing Number 20180706000183-2

Filing Description UCC-1

Document Filing Number

20180706000183-2

Debtors

INERNAL REVENUE SERVICE

1270 PONTIAC ROAD Pontiac, MI 48340 USA

G.J. CATER-LOUIS

1270 PONTIAC ROAD Pontiac, MI 48340 USA

LISA PATTERSON

1270 PONTIAC ROAD Pontiac, MI 48340 USA

ANGELA DAVIS

1270 PONTIAC ROAD Pontiac, MI 48340 USA

DETROIT POLICE & FIRE RETIREMENT SYSTEM 500 WOODWARD AVENUE

STE, 3000

Detroit, MI 48226 USA

DAVID CETLINSKI

500 WOODWARD AVENUE

STE, 3000

Detroit, MI 48226 USA

KELLY TAPPER

500 WOODWARD AVENUE

Detroit, MI 48226 USA

Secured Parties

THOMAS JAMES BROWN

15216 CARLISLE Detroit, MI 48205 USA

Thomas-James: Brown-Bey

C/O [15216] Carlisle Street Non-Domestic without US Detroit, MI 48205-9998 USA

The Michigan Secretary of State, Uniform Commercial Code office has filed the attached documents. The filing number, date, and time are shown on each document. The filing number can be used to reference the document in the future.

Ruth Johnson Secretary of State



MICHIGAN DEPARTMENT OF STATE

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July 06, 2018

Work Order Number: WO201807060000162

Work Order Receipt

Charges

Description	Filing Number	Qty	Price	Amount
UCC-1 Initial Financing Statement	20180706000183-2	1	\$15.00	\$15.00
	_		Total	\$15.00

Payments Received

Туре	Description	Amount
Credit Card	18070663210747	\$15.00
	Total	\$15.00

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FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) THOMAS JAMES BROWN TRUST B. E-MAIL CONTACT AT FILER (optional) tjbenterprisesusa@yahoo.com C. SEND ACKNOWLEDGEMENT TO: (Name and Address) THOMAS JAMES BROWN TRUST c/o 23205 Gratiot Avenue PMB 190 Eastpointe, MI 48021-9999 USA

Michigan Department of State - Uniform Commercial Code

Filing Number: 20180706000183-2 Filing Date and Time: 07/06/2018 09:51 AM Total Number of Pages: 3

(This document was filed electronically)

	THE A	BOVE SPACE IS	FOR FILING OFFICE U	ISE ONLY	
 DEBTOR'S NAME. Provide only one Debtor name (1a or 1b name will not fit in line 1c, leave all of item 1 blank, check her.) (use exact, full name; do not omit, modify, or abbreviate e and provide the Individual Debtor information in tem	any part of the Det	stor's name); if any part of the Statement Addendum (For	ne Individual Debtor m (ICCTAd)	
19 ORGANIZATIONS NAME INERNAL REVENUE SERVICE					
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1, MALING ADDRESS 1270 PONTIAC ROAD	OTT: Pontiac	STATE	POSTAL CODE 48340	USA	
2 DEBTOR'S NAME. Provide only one Debtor name (2a or 2h name will not fit in line 2b, leave all of item 2 blank, check her 2s ORGANIZATION'S NAME.) (use exact, full name, do not omit, modify, or abbrevisite e and provide the Individual Debtor Information in item	e any part of the Det n 10 of the Financing	otor's name), if any part of the Statement Addendum (For	te Individual Debtor ra UCC1As)	
25. INDIVIDUAL'S SURNAINE CATER-LOUIS	FIRST PERSONAL NAME G.J.	ADDITIO	SUFFIX		
24 MAUNS ADDRESS 1270 PONTIAC ROAD	Pontiac	STATE MI	POSTAL CODE 48340	USA	
38. ORGANIZATION'S NAME (or NAME of ASSIGNEE of AS THOMAS JAMES BROWN	SSIGNOR SECURED PARTY). Provide only <u>one</u> Secure	ed Party name (3a o	e 3o)		
36 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	STIGGA	ADDITIONAL NAME(S) WITIAL(S)		
3: MALING ADDRESS 15216 CARLISLE	Detroit	STATE MI	48205	USA	
COLLATERAL: This financing statement covers the following					

NOTICE OF TORT CLAIM WITH ASSESSMENT FOR DAMAGES, SENT MARCH 28, 2018, USPS REGISTERED CERTIFIED MAIL NO. 70150640000033170612, SENT ON MAY 8, 2018, CONDITIONAL ACCEPTANCE CERTIFIED MAIL NO. 70151730000085931284, SENT JUNE 4, 2018, NOTICE OF TORT CLAIM WITH ASSESSMENT FOR DAMAGES, All agents and principals are here by Notice of claim made against all assets foriegn and domestic for claims against Secured Parties. Adjustment of this filing is in accordance with UCC Sections 1-103, 1-104, 10-104, and HJR-192, Public Law 73-10.

5. Check only if applicable and check goly one box. Collaboration Project on a Trust (see UCC1Ad, dom 17 and instructions)	being administered by a Decedent's Personal Representative
An Check only if applicable and check only one box: Public Finance Transaction Manufactured-Home Transaction A Debtor is a Transacting Utility.	6b. Check only if applicable and check only one box: Agricultural Lien \(\sum \) Non-UCC Filing
/ AUTERNATIVE DESIGNATION (*applicable): LesseerLessur [Consigner/Consignor] Sellen/Ruye	or 🔀 Bailee-Barkor 🔲 Licensee-Licensor
OPTIONAL FILER REFERENCE DATA: TERMINATION OF FRAUDULENT IRS LIEN NO. 220337416	

UCC FINANCING STATEMENT ADDITIONAL PARTY

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C/O [15216] Carlisle Street Non-Domestic without US Detroit MI 48205 9998 USA ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a ORGANIZATION'S NAME 23b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYNITIALIS) SUFFIX			mus cames.		OTATE	Teneral cone	ON A TRIV	
235 CRISANIZATION'S NAME 256 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYNITIALIS) SUFFIX	C/O [15216] Carlisle Street Non-Domestic without US	Detr						
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235. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S/INITIALIS) SUFFIX								
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	734. MAILING ADDRESS	CTY			STATE	POSTAL CODE	COUNTRY	

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Store as line 1a or 1b on Financing Statement, if line 1b was left blank because individual Debtor name did not fit, check here INERNAL REVENUE SERVICE 185. NONIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFICE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19 ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not orrut, modify, or abbreviate any part of the Debtor's name) 194 ORGANIZATION'S NAME PRO INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME SYNTHALIST SUFFIX CETLINSKI DAVID STATE POSTAL CODE DUNTRY 500 WOODWARD AVENUE STE, 3000 Detroit MI 48226 USA 20. ADDITIONAL DEBTOR'S NAME: Provide only gray Debtor name (20s or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20s ORGANIZATION'S NAME 205, INDIVIOUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INCTIAL(S) SUFFEX TAPPER KELLY 500 WOODWARD AVENUE USA Detroit 48226 Mi 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21s or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a, ORGANIZATION'S NAME 215. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 21s MAILING ADDRESS STATE POSTAL CODE COUNTRY 22 ADDITIONAL SECURED PARTY'S NAME gr ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) ZZA DRIGANIZATION'S NAME 726 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUPPOY 22: MAILING ADDRESS. STATE POSTAL CODE COUNTRY 23. ADDITIONAL SECURED PARTY'S NAME (ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a ORGANIZATION'S NAME 236 INDIVIOUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYMITIAL/S) SUFFIX 234 MARING ADDRESS STATE | POSTAL CODE COUNTRY 24 MISCELLANEOUS: